

**STATE OF SOUTH DAKOTA
OFFICE OF PROCUREMENT MANAGEMENT
523 EAST CAPITOL AVENUE
PIERRE, SOUTH DAKOTA 57501-3182**

**HSC Psychiatric Services
Revised schedule for submitting proposals and tentative award date;
responses to Questions;**

PROPOSALS ARE DUE NO LATER THAN 5:00pm CST, 12/27/2019

1.3 SCHEDULE OF ACTIVITIES (SUBJECT TO CHANGE)

RFP Publication	<u>11/19/2019</u>
Deadline for Submission of Written Inquiries	<u>11/27/2019</u> 12/06/2019
Responses to Offeror Questions	<u>12/05/2019</u> 12/12/2019
Proposal Submission	<u>12/19/2019</u> 12/27/2019
Anticipated Award Decision/Contract Negotiation	<u>01/09/2020</u> 01/23/2020

1.4 SUBMITTING YOUR PROPOSAL

All proposals must be completed and received by DSS by the date and time indicated in the Schedule of Activities.

Proposals received after the deadline will be late and ineligible for consideration.

An original and 5 identical copies for a total of 6 hard copies, and one (1) digital Portable Document Format (PDF) copy loaded on a USB flashdrive of the proposal shall be submitted.

All proposals must be signed in ink by an officer of the responder legally authorized to bind the responder to the proposal, and sealed in the form intended by the respondent. Proposals that are not properly signed may be rejected. The sealed envelope must be marked with the appropriate RFP Number and Title. The words "Sealed Proposal Enclosed" must be prominently denoted on the outside of the shipping container.

Proposals must be addressed and labeled as follows:

**Request For Proposal #1884 Proposal Due 12/27/2019
South Dakota Department of Social Services
Attention: Dawson Lewis
700 Governors Drive
Pierre SD 57501**

No punctuation is used in the address. The above address as displayed should be the only information in the address field.

No proposal may be accepted from, or any contract or purchase order awarded to any person, firm or corporation that is in arrears upon any obligations to the State of South Dakota, or that otherwise may be deemed irresponsible or unreliable by the State of South Dakota.

Responses to Questions

The following questions were received.

- It is noted in the RFP that the anticipated award decision and contract negotiation is 01/09/2020, what is the expectation of when services from the offeror begin?
 - A. The scope of services identified in the RFP include providing direct psychiatric services and our question is what is the expectation of when the direct psychiatric services will be provided by the offeror? **The provision of psychiatric services could begin upon completion of a contract agreement.**
 - B. Do all the services, for example ECT and direct inpatient services have to start at the same time? **Yes.**
 - C. Is this timeframe contingent on the time required to credential providers at location and with respective payers? **Yes.**
- Are there current bylaws at the Human Services Center that identify the standard of care regarding the frequency of patients being seen in the respective areas of the licensed specialty psychiatric hospital, adult psychiatric rehabilitation and recovery, adult chemical dependency, and licensed nursing facility? Can the offeror review the current bylaws to ensure consistency in standards? If there are no bylaws to guide the standard of care regarding the frequency of patients being seen in the respective areas, is there a general expectation of the requestor or is that determination left to the offeror?

The Medical Director sets assignment for psychiatric provision based on patient need.

Current expectations for patient contacts by program are below. These contacts are variable based on patient need.

Adult Acute: Physician Rounds twice a week and an abbreviated report on non-rounding days. During regular working hours providers respond to emergency calls and see new admits. Face to Face assessments are required for restraint/seclusion events in accordance with CMS regulations.

Adolescents: Physician Rounds twice a week. During regular working hours providers respond to emergency calls and see new admits. Face to Face assessments are required for restraint/seclusion events in accordance with CMS regulations.

Psychiatric Rehabilitation and Recovery: Weekly Provider rounds per unit (3) with scheduled reviews of 4-6 patients and time to address any significant changes in patient need. During regular working hours providers respond to emergency calls and see new admits. Face to Face assessments are required for restraint/seclusion events in accordance with hospital policy.

Adult Chemical Dependency: Back up/ consultation coverage for the medical Advanced Practice Provider covering Pine 1. Historically provided by the Medical Director.

Geriatrics: Consultation by referral from medical providers as needed for any psychiatric needs of the residents.

Admissions: Daily completion of Psychiatric Evaluations and admitting orders for both adults and adolescents. Psychiatric coverage for Admissions is required 24 hours a day, 365 days per year in person or by call outside of normal business hours by a psychiatrist or advanced practice provider with psychiatrist co-sign.

- Is there an expectation by the requestor of the ratio of Psychiatrists to Advanced Practice Providers? **No.**

A. Is there a minimum expectation of number of Psychiatrists providing on site care?

Psychiatrists would need to be available to the Adult Acute and Adolescent programs due to licensure requirements. The Medical Director would need to be a psychiatrist.

- Will the State of South Dakota retain the management of the medical services? **Yes.**

A. The RFP identifies the psychiatric services, including advanced practice providers and psychiatrists would be provided by the offeror, please explain the authority for medical decision making including the admission process of the offeror providing the psychiatric services as compared to the advanced practice providers or physicians managing the medical services for the patient?

The non-psychiatric medical team reviews all referrals for medical suitability. However, the Medical Director will retain authority for final decisions over all medical services.

- What are the expectations of the offeror of the Psychiatrists to provide education of medical students and psychiatric residents for the Yankton campus?

Dependent on the offeror's ability to have providers eligible for faculty status with a medical school, the State would support medical student experiences on campus and as a part of patient treatment.

- Is it anticipated that the offeror will charge any insurance companies a professional fee for psychiatric services offered?

Yes, the State would bill available third-party payers as appropriate for the daily rate of care and professional fees. The reimbursement to the offeror would not be affected by the State's ability to obtain third party payment. It is not anticipated that the offeror would bill separately for third-party payment.

- Please provide the percentage of patients by unit that have each of the 3rd party payers. (i.e. what percent is Medicaid, Medicare, private insurance, self-pay)

This data is not readily available by unit. 50.3% of admissions for FY19 had a third-party payer. The offeror will not be responsible for collecting third party payment. The State will continue the current billing practice.

- Please provide more clarification as to the role of the Medical Director role and the role within the administrative team at the Human Services Center. **The Medical**

Director is a member of the Senior Leadership Team and is involved with administrative decision making. Senior Leadership meets twice a month and the Medical Director would be expected to participate. Below are other expectations of the Medical Director from the Med Staff Bylaws:

Medical Director. The Medical Director shall have the following duties and responsibilities:

- a. Communicates to the Medical Executive Committee, President of the Medical Staff and to the Governing Body, regarding all professional activities;
- b. Supervise all Medical Staff practitioners, assuring quality of care and attainment of superior standards;
- c. Serve on the MEC and give guidance on the overall medical policies of the Medical Staff and SDHSC;
- d. Monitor the quality of patient care and professional performance rendered by members with clinical privileges through a planned and systematic process;
- e. Develop and implement programs for patient care review, monitoring of practice, credentials review and privileges delineation, medical education, research, utilization review and quality management;
- f. Recommends to the MEC, practitioner appointment, reappointment, criteria for clinical privileges, monitoring of specified services, and corrective action;
- g. Enforce the Medical Staff bylaws and rules and regulations of SDHSC;
- h. Implement appropriate actions as taken by the MEC or hospital administration; and
- i. Provide oversight in attaining clinical and financial goals and objectives in context of the hospital's strategic plan.

In addition to the duties above, the Medical Director's participation is required in the hospital's monthly Quality Council and other meetings/ committees as indicated in the bylaws or as needed for patient care or hospital function.

- Do your bylaws accept delineated streamlined credentialing and privileging of providers?
Currently bylaws allow for temporary privileges up to 90 days with an ability of the Governing Board to renew during the credentialing process if a patient care need is present.
- Is the Human Services Center 340B eligible? If so, how is the Human Services Center deemed eligible and if so, is there interest as a part of the RFP to collaborate with the offeror to explore further opportunities with 340B? **HSC is currently exploring any possible utilization of the 340B program. There would be an interest in further exploration of eligibility for this program.**

This request is for permanent service of psychiatric providers. The State is not interested in a locum arrangement. As we believe the questions listed below relate to a locum arrangement, we have not answered them individually.

- Can a locum's agency bid on this solicitation? Or is this for permanent services?
- Do you intend to make multiple awards?
- Since the duties of the Contractor and the Provider are separate and distinct, especially as Contractor does not itself provide medical services, it is important that Providers not be incorporated into the definition of Contractor—can this be reworded?
- Our locums staffing services contracts are "best efforts" and it is company policy not to enter into any contracts in which the vendor is subject to damages for failure to deliver the service. Would you be willing to delete this clause in a potential contract?
- Can language changes be made? (indemnification, insurance, venue, etc.)?
- Will awardees be allowed an opportunity to negotiate the terms of the contract prior to signing?
- If awarded, should there be contract terms we are unable to accept, is there a penalty for not signing a contract? Example: monetary damages.
- By submitting a response, are we automatically agreeing to a contract and its terms? Or if there are terms & conditions we cannot agree to; can we decline the contract if awarded?
- The agreement doesn't include any locum-specific language; may we propose an addendum to the agreement where we could incorporate some locum-specific terms?
- For the last year, can you break down the utilization history (total staffing hours) for each position identified in this RFP?
- As a locum tenens agency, our providers are considered independent contractors and not employees, can this wording be amended?
- How many patients per day would you estimate the provider would see?
- What are the current challenges/obstacles in meeting its staffing and recruitment goals for these positions? If a contract for the proposed services is in place, what areas of improvement over the existing contract would you like to see?
- Are there penalties incurred if unable to fill any of the openings?
- Is there an incumbent and current contract for this service? If so, can you please provide the vendor name and current contract rate?
- What is the estimated time frame of notice before a need becomes available?
- Will you allow multiple physicians to fill the need or are you requiring that one physician fulfill the need?
- Please provide a forecast for the number of hours of locum tenens services, by specialty, for the term of the contract.
- What is the expected process and timeline for notifying vendor of needs, reviewing candidates, scheduling providers, etc.?
- Are your patient population 100% adult patients or do you also treat children and adolescents?
- May we add a locums to perm conversion fee to our pricing?
- Will price adjustments be allowed for the renewal years? Can we submit a rate increase with each option year?
- Do you want an all-inclusive rate?
- Is there a specific pricing/rate form to include?
- If child and adolescents are treated, can we include pricing in our proposal?
- Locum tenens physicians are Independent Contractors and as such are not employees. Therefore, Worker's Compensation insurance would not be applicable. Will you waive these requirements for physicians?
- Will you consider \$1M per occurrence/\$3M aggregate insurance limits?

- What is the expected time for the completion of credentialing for an accepted candidate?
- Is Telepsychiatry an option for coverage? If so, do you have your own platform/service provider?
- Can we add pricing for telehealth options? May we add a perm fee?
- Does the facility have the bandwidth to run video teleconferencing without latency or quality issues?
- Will your IT team work with the selected vendor's team to setup remote EMR for telehealth providers?
- Will your facility provide ongoing support of the remote EMR system?
- What is the expected need of on-site coverage vs tele coverage?
- What are the possible patient encounter locations for 24/7 coverage (home, facility, etc)?
- For Telepsychiatry, is coverage pre-scheduled or is it by request only? If pre-scheduled, how many hours per day do you expect to schedule the telepsychiatry service? If by request ("on-demand"), what is the maximum time allowed between request and physician availability?